

# Your Contributions to Arizona Benefit Options 2006 - 2007

Monthly Premiums for Arizona Benefit Options are detailed below in the rate charts.

| MONTHLY MEDICAL PREMIUMS                                               | SINGLE    |            |            | FAMILY    |            |            |
|------------------------------------------------------------------------|-----------|------------|------------|-----------|------------|------------|
|                                                                        | Your Cost | State Cost | Total Prem | Your Cost | State Cost | Total Prem |
| <b>Central Region: Maricopa, Gila, Pinal Counties</b>                  |           |            |            |           |            |            |
| RAN+AMN (HMA) EPO                                                      | \$25.00   | \$411.00   | \$436.00   | \$125.00  | \$955.50   | \$1,080.50 |
| Schaller Anderson (SA) EPO                                             | \$25.00   | \$411.00   | \$436.00   | \$125.00  | \$955.50   | \$1,080.50 |
| UnitedHealthcare (UHC) EPO                                             | \$25.00   | \$411.00   | \$436.00   | \$125.00  | \$955.50   | \$1,080.50 |
| AZ Foundation (AZF) PPO                                                | \$140.00  | \$567.00   | \$707.00   | \$390.00  | \$1,335.00 | \$1,725.00 |
| UnitedHealthcare (UHC) PPO                                             | \$140.00  | \$567.00   | \$707.00   | \$390.00  | \$1,335.00 | \$1,725.00 |
| <b>Southern Region: Pima and Santa Cruz Counties</b>                   |           |            |            |           |            |            |
| RAN+AMN (HMA) EPO                                                      | \$25.00   | \$398.00   | \$423.00   | \$125.00  | \$921.50   | \$1,046.50 |
| Schaller Anderson (SA) EPO                                             | \$25.00   | \$398.00   | \$423.00   | \$125.00  | \$921.50   | \$1,046.50 |
| UnitedHealthcare (UHC) EPO                                             | \$25.00   | \$398.00   | \$423.00   | \$125.00  | \$921.50   | \$1,046.50 |
| AZ Foundation (AZF) PPO                                                | \$140.00  | \$511.00   | \$651.00   | \$390.00  | \$1,177.50 | \$1,567.50 |
| UnitedHealthcare (UHC) PPO                                             | \$140.00  | \$511.00   | \$651.00   | \$390.00  | \$1,177.50 | \$1,567.50 |
| <b>Northern Region: Yavapai, Coconino, Navajo, and Apache Counties</b> |           |            |            |           |            |            |
| RAN+AMN (HMA) EPO                                                      | \$25.00   | \$552.00   | \$577.00   | \$125.00  | \$1,308.00 | \$1,433.00 |
| Schaller Anderson (SA) EPO                                             | \$25.00   | \$552.00   | \$577.00   | \$125.00  | \$1,308.00 | \$1,433.00 |
| AZ Foundation (AZF) PPO                                                | \$140.00  | \$598.50   | \$738.50   | \$390.00  | \$1,450.00 | \$1,840.00 |
| <b>Southeastern Region: Graham, Greenlee, and Cochise Counties</b>     |           |            |            |           |            |            |
| RAN+AMN (HMA) EPO                                                      | \$25.00   | \$552.00   | \$577.00   | \$125.00  | \$1,308.00 | \$1,433.00 |
| Schaller Anderson (SA) EPO                                             | \$25.00   | \$552.00   | \$577.00   | \$125.00  | \$1,308.00 | \$1,433.00 |
| AZ Foundation (AZF) PPO                                                | \$140.00  | \$598.50   | \$738.50   | \$390.00  | \$1,450.00 | \$1,840.00 |
| <b>Western Region: Mohave, La Paz, and Yuma Counties</b>               |           |            |            |           |            |            |
| RAN+AMN (HMA) EPO                                                      | \$25.00   | \$552.00   | \$577.00   | \$125.00  | \$1,308.00 | \$1,433.00 |
| Schaller Anderson (SA) EPO                                             | \$25.00   | \$552.00   | \$577.00   | \$125.00  | \$1,308.00 | \$1,433.00 |
| AZ Foundation (AZF) PPO                                                | \$140.00  | \$598.50   | \$738.50   | \$390.00  | \$1,450.00 | \$1,840.00 |
| <b>Out-of-State</b>                                                    |           |            |            |           |            |            |
| BeechStreet PPO                                                        | \$25.00   | \$732.00   | \$757.00   | \$125.00  | \$1,758.00 | \$1,883.00 |
| <b>NAU ONLY</b>                                                        |           |            |            |           |            |            |
| BlueCross BlueShield                                                   | \$25.00   | \$515.92   | \$540.92   | \$125.00  | \$1,264.74 | \$1,389.74 |

| MONTHLY DENTAL PREMIUMS        | SINGLE    |            |            | FAMILY    |            |            |
|--------------------------------|-----------|------------|------------|-----------|------------|------------|
|                                | Your Cost | State Cost | Total Prem | Your Cost | State Cost | Total Prem |
| Employers Dental Service (EDS) | \$4.02    | \$6.18     | \$10.20    | \$18.16   | \$11.50    | \$29.66    |
| Assurant                       | \$4.68    | \$6.18     | \$10.86    | \$18.02   | \$11.50    | \$29.52    |
| Delta Dental (DELTA)           | \$14.56   | \$17.88    | \$32.44    | \$54.14   | \$51.75    | \$105.89   |
| MetLife Dental (METLIFE)       | \$12.90   | \$15.40    | \$28.30    | \$45.00   | \$43.50    | \$88.50    |

| MONTHLY VISION PREMIUMS | SINGLE | FAMILY  |
|-------------------------|--------|---------|
| Avesis                  | \$6.34 | \$17.18 |

| MONTHLY PREMIUMS SUPPLEMENTAL LIFE PLAN |                  |
|-----------------------------------------|------------------|
| YOUR AGE                                | Cost per \$5,000 |
| 29 and Under                            | \$0.50           |
| 30-34                                   | \$0.60           |
| 35-39                                   | \$0.70           |
| 40-44                                   | \$1.20           |
| 45-49                                   | \$1.60           |
| 50-54                                   | \$2.60           |
| 55-59                                   | \$3.70           |
| 60-64                                   | \$6.70           |
| 65-69                                   | \$6.70           |
| 70+                                     | \$10.60          |

| MONTHLY PREMIUMS - DEPENDENT LIFE PLAN |           |
|----------------------------------------|-----------|
| COVERAGE AMOUNT                        | YOUR COST |
| \$2,000.00                             | \$0.94    |
| \$4,000.00                             | \$1.88    |
| \$6,000.00                             | \$2.82    |
| \$12,000.00                            | \$5.64    |
| \$15,000.00                            | \$7.06    |

| MONTHLY PREMIUMS SHORT TERM DISABILITY PLAN           |  |
|-------------------------------------------------------|--|
| YOUR COST                                             |  |
| \$0.87 per \$100 of your monthly base salary          |  |
| Monthly premium = (Monthly base salary/100)*\$0.87    |  |
| Example: Monthly base salary = \$1000;                |  |
| Monthly premium = (\$1,000/100)*\$0.87=\$8.70/monthly |  |